

DISTRICT OF COLUMBIA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the District of Columbia.

District of Columbia At-a-Glance:

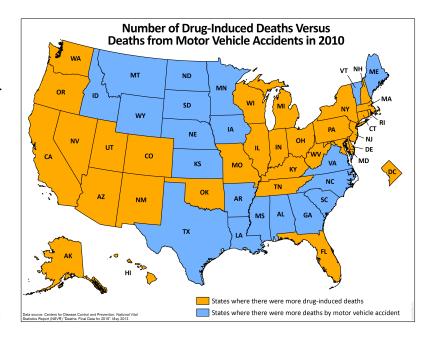
- The rate of drug-induced deaths in the District of Columbia is higher than the national average.
- Approximately 13.56 percent of District of Columbia residents reported past-month use of illicit drugs; the national average was 8.82 percent.

 Source: National Survey on Drug Use and Health 2010-2011.
- Heroin and cocaine/crack are the most commonly cited drugs among primary drug treatment admissions in the District of Columbia, each separately counting as 32 percent of all treatment admissions in 2011.

Drug Use Trends in District of Columbia

Drug Use in the District of Columbia: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 13.56 percent of District of Columbia residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 4.29 percent of District of Columbia residents reported using an illicit drug other than marijuana in the past month (the national average was 3.33 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2010-2011 National Survey on Drug Use and Health: http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf



Drug-Induced Deaths: As a direct consequence of drug use, 90 persons died in the District of Columbia in 2010. This is compared to the number of persons who died in the District of Columbia from motor vehicle accidents (38) and firearms (99) in the same year. District of Columbia drug-induced deaths (15 per 100,000 population) were higher than the national rate (12.9 per 100,000).

Source: WONDER online databases: http://wonder.cdc.gov/cmf-icd10.html

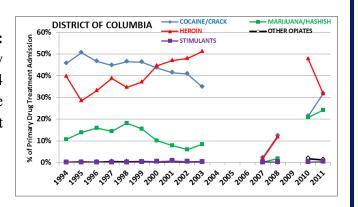
Substance Abuse Treatment Admissions Data

District of Columbia Primary Treatment Admissions:

The graph on the right depicts substance abuse primary treatment admissions in the District of Columbia from 1994 to 2011. The data show heroin and cocaine/crack are the most commonly cited drug among primary drug treatment admissions in the District of Columbia.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/data/DASIS.aspx#teds

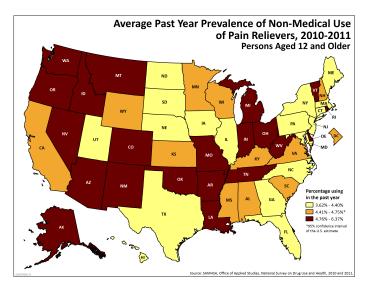
Note: The Treatment Episode Data Set (TEDS) does not display consistent data before 1994 and beyond 2003 for the District of Columbia.



Prescription Drug Abuse

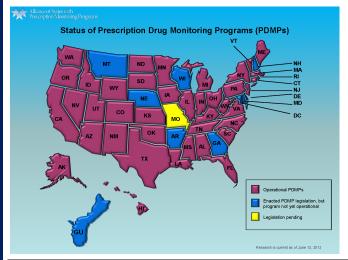
ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled "Epidemic: Responding to America's Prescription Drug Abuse Crisis," provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs



established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The District of Columbia does not have a Prescription Drug Monitoring Program.

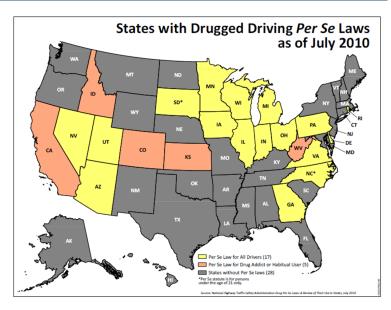
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states

The District of Columbia does not have a *Per Se* standard. According to 50-2201.05 of the District of Columbia Code, no individual shall operate or be in physical control of any vehicle in the District while under the influence of intoxicating liquor or any drug or any combination thereof. Proof required: that the defendant was operating or was in physical control of a vehicle in the District and, while so operating a vehicle, the defendant was under the influence of any drug. Refusal to submit to a drug test is admissible in civil and criminal cases.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants.

In FY 2013, the following District of Columbia coalitions received grants from ONDCP:

- Far Southeast Family Strengthening Collaborative, Inc.
- Ward 7 Safe and Drug Free Communities Coalition

• Ward 1 Drug Free Coalition

Source: Office of National Drug Control Policy http://www.ondcp.gov/dfc/grantee_map.html

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

Maryland (Washington/Baltimore HIDTA): Anne Arundel, Baltimore, Charles, Howard, Montgomery, and Prince George's counties, the District of Columbia, and the city of Baltimore.

- The W/B HIDTA uses a variety of mechanisms to enhance information sharing. One such system is Case Explorer (CE), a web-based case management and case/subject deconfliction system. CE's capabilities include case management, target deconfliction, event deconfliction, spatial awareness, and the National Virtual Pointer System.
- The W/B HIDTA provides the Gang Intelligence System (GIS) at no cost to all law enforcement and criminal justice agencies in the W/B region. The GIS enables gang investigators in the region to share gang intelligence and update information on gang members moving between jurisdictions. W/B HIDTA also maintains an independent, public gang website through which the public can research gang information and locations, as well as anonymously report suspected gang activity.
- The W/B HIDTA Cell Phone Extraction Project supports participating agencies, initiatives, and many other law enforcement agencies in the Washington/Baltimore region. The W/B HIDTA has 16 Cellebrite Universal Forensics Extraction Devices (UFEDs).W/B HIDTA analysts and UFED users extract data from seized cellular phones and SIM cards, as allowed by and consistent with local, state, and/or Federal statutes. Data from the phones is collated with the telephone toll data acquired while supporting other cases to comprise a vast telephone toll database. These data are used not only for case deconfliction, but also to develop the structure of drug trafficking and money laundering organizations in the region.
- The W/B HIDTA Crime Mapping Unit supports law enforcement efforts with sophisticated crime mapping and analysis services. Staff utilizes the latest developments in geographic information systems (GIS) software and cutting-edge geographic analysis techniques, along with existing crime-related databases to help law enforcement agencies achieve greater efficiency and effectiveness in their enforcement efforts.

Federal Grant Awards Available to Reduce Drug Use in the District of Columbia

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of	of DC	
Department / Office / Program Name		2012
Department of Agriculture	\$	1,350,824
National Institute of Food and Agriculture		
Cooperative Extension Service	\$	1,350,824
Department of Education	\$	6,085,936
Office of Elementary and Secondary Education		
Safe and Drug-Free Schools and Communities National Programs	\$	442,737
Twenty-First Century Community Learning Centers	\$	5,643,199
Department of Health and Human Services	\$	86,591,677
Administration for Children and Families		
Promoting Safe and Stable Families	\$	829,547
Transitional Living for Homeless Youth	\$	560,939
Centers For Medicare and Medicaid Services		
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$	31,100,784
Indian Health Service		
Urban Indian Health Services	\$	1,761,578
National Institutes Of Health		
Alcohol Research Programs	\$	4,790,088
Drug Abuse and Addiction Research Programs	\$	15,273,996
Substance Abuse and Mental Health Services Administration		
Block Grants for Prevention and Treatment of Substance Abuse	\$	6,670,567
Projects for Assistance in Transition from Homelessness (PATH)	\$	300,000
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$	17,888,838
Substance Abuse and Mental Health Services-Access to Recovery	\$	3,227,840
Health Resources and Services Administration		
Healthy Start Initiative	\$	4,187,500
Department of Housing and Urban Development	\$	18,288,477
Community Planning and Development		
Emergency Shelter Grants Program	\$	795,554
Shelter Plus Care	\$	4,906,729
Supportive Housing Program	\$	12,586,194
Department Of Justice	\$	8,196,569
Office of Justice Programs		
Edward Byrne Memorial Competitive Grant Program	\$	700,000
Edward Byrne Memorial Justice Assistance Grant Program	\$	1,601,034
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	\$	527,704
Juvenile Accountability Block Grants	\$	1,357,398
Juvenile Justice and Delinquency Prevention Allocation to States	\$	400,000
Juvenile Mentoring Program	\$	3,076,000
Residential Substance Abuse Treatment for State Prisoners	\$	34,433
Tribal Youth Program	\$	500,000
Department of Labor	\$	1,097,514
Employment and Training Administration		
Youthbuild	\$	1,097,514
Department of Transportation	\$	953,248
National Highway Traffic Safety Administration		
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$	953,248

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of DC			
Department / Office / Program Name		2012	
Department of Veteran's Affairs	\$	1,790,979	
Veterans Health Administration			
VA Homeless Providers Grant and Per Diem Program	\$	1,790,979	
Executive Office of The President	\$	374,758	
Office of National Drug Control Policy			
Drug-Free Communities Support Program Grants	\$	374,758	
Grand Total	\$	124,729,982	

File updated 07/31/13.

